

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DECEMBER
Date Rec'd (Received)
JUN 27 2017

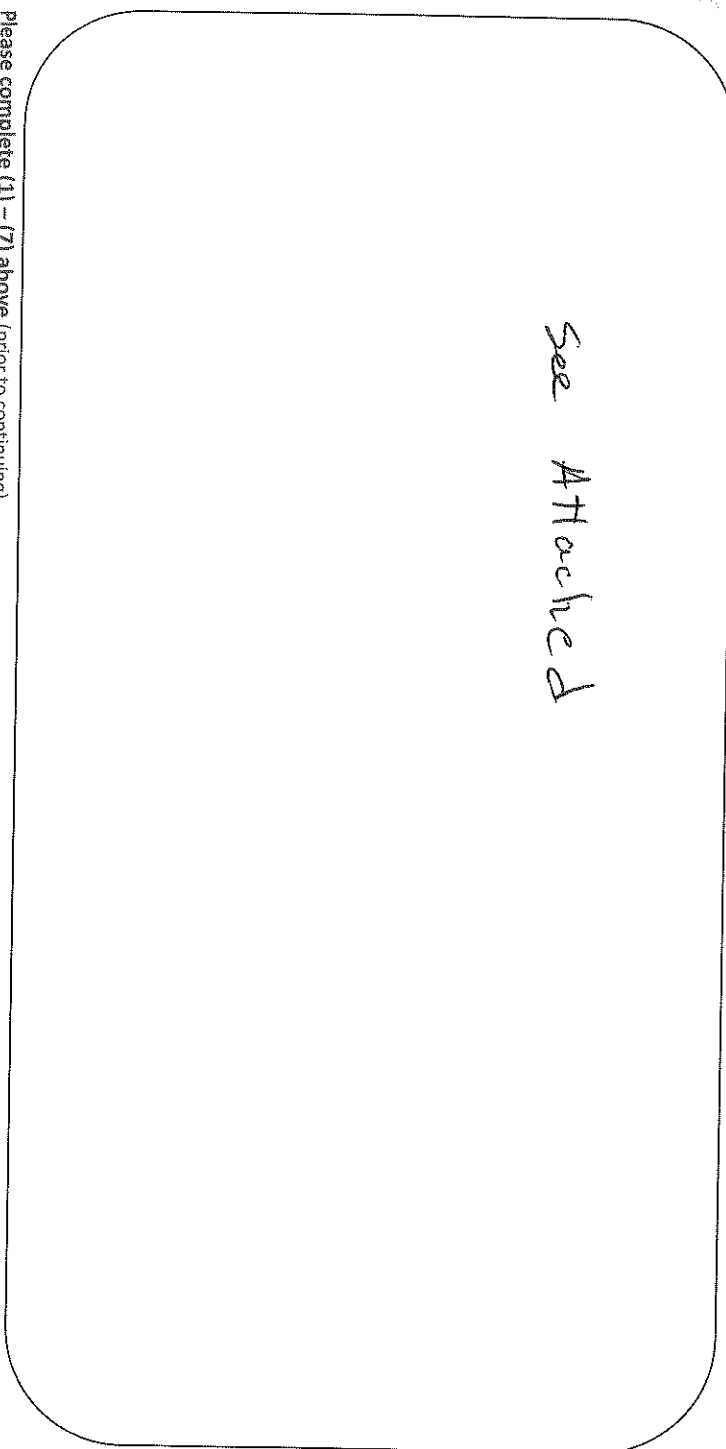
DATE RECEIVED
JUN 27 2017
Bayfield Co. Zoning Dept.

Bayfield Co. Zoning Dept.
TO APPLICANT.

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Attached



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	433 Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	400 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	250 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	250 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	150 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	400 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	170 Feet	Setback to Well	100 Feet
Setback to Drain Field	200 Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Insurance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-08271		Permit Date: 7-05-17		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Yes <input checked="" type="checkbox"/> No	Case #: NA	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: NA	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: Project Location as identified by owner appears to be Code Compliant. OK to Issue LU Permit.		Zoning District (E1)		
Date of Inspection: 7/14/2017	Inspected by: Robert Schirman	Date of Re-Inspection:		
Conditions(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)				
Not to be used for human habitation.				
No H2O under pressure to enter structure unless structure is served by a Code Compliant ADUITS.				
Signature of Inspector: Pat [Signature]				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 7/14/2017

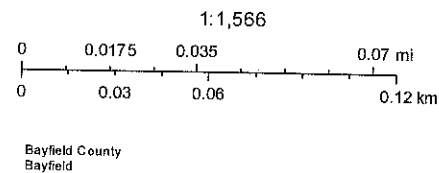
Bayfield County Web AppBuilder



June 27, 2017

- Building
- Corner Tie Sheets**
 - Section Corner Monument on File
 - Section Corner Monument Referenced on Survey
- Survey Maps**
 - UnRecorded Map

- Recorded Map
- Road Type**
 - CFR
 - County
 - Federal
 - Private
- State
- Town
- Municipal Boundary
- Section Lines
- Approximate Parcel Boundary
- Meander Line
- Tie Line
- Rivers
- Wetlands
- Douglas Co Parcels
- Ashland Co Parcel



City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0271** Issued To: **Duane & Sandra Kick**

E 590' of the N 620' of the

Location: **NW** ¼ of **SE** ¼ Section **10** Township **47** N. Range **9** W. Town of **Hughes**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Accessory Structure: [1- Story; Storage (28' x 26') = 728 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Not to be used for human habitation. No water under pressure to enter structure unless structure is served by a code compliant POWTS.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found
to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not
completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

July 25, 2017

Date

7500 729K
+ 3/1000
APPLICATION FOR
BAYFIELD COUNTY, WA
DECEMBER 1
Date Stamp Received
JUN 3 0 2

APPLICATION FOR PERMIT

ॐ नमो भगवते वासुदेवाय
 श्री कृष्णाय नमः
 श्री गुरुभ्यो नमः
 श्री गणेशाय नमः
 श्री लक्ष्म्याय नमः
 श्री सरस्वत्याय नमः
 श्री वसुदेवाय नमः

Permit #:

17-6878

Date:

25

Amount Paid:

2-6-17

Refund:

Bayfield Co. Zoning Dept.

3027

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. **DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED.**

Refund:	
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Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$25,000	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
		<input type="checkbox"/> _____			<input type="checkbox"/> None	

Existing Structure: (If permit being applied for is relevant to it)	Length: 35 ft	Width: 33 ft	Height: 10 ft
Proposed Construction:	Length: 47 ft	Width: 11 "	Height: 11 "
Proposed Use	Proposed Structure	Dimensions	Square Footage
Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(35 x 33)	1106
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() x ()	
	with Loft	() x ()	
	with a Porch	() x ()	
	with (2 nd) Porch	() x ()	
	with a Deck	() x ()	
	with (2 nd) Deck	() x ()	
	with Attached Garage	() x ()	
	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() x ()	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	() x ()	
<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Kitchen, laundry, 1/2 bath</u>	(12 x 18)	216	
<input type="checkbox"/> Accessory Building (specify) _____	() x ()		
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	() x ()		
Rec'd for Issuance <input type="checkbox"/>			
JUL 24 2017	<input type="checkbox"/> Special Use: (explain) _____	() x ()	
	<input type="checkbox"/> Conditional Use: (explain) _____	() x ()	
	<input type="checkbox"/> Other: (explain) _____	() x ()	
Secretarial Staff <input type="checkbox"/>			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

Owner(s): Paul & Charlotte Kelle
(If there are Multiple Owners listed on the Deed All Owners must sign or letter/s)

Date 6-28-17

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit

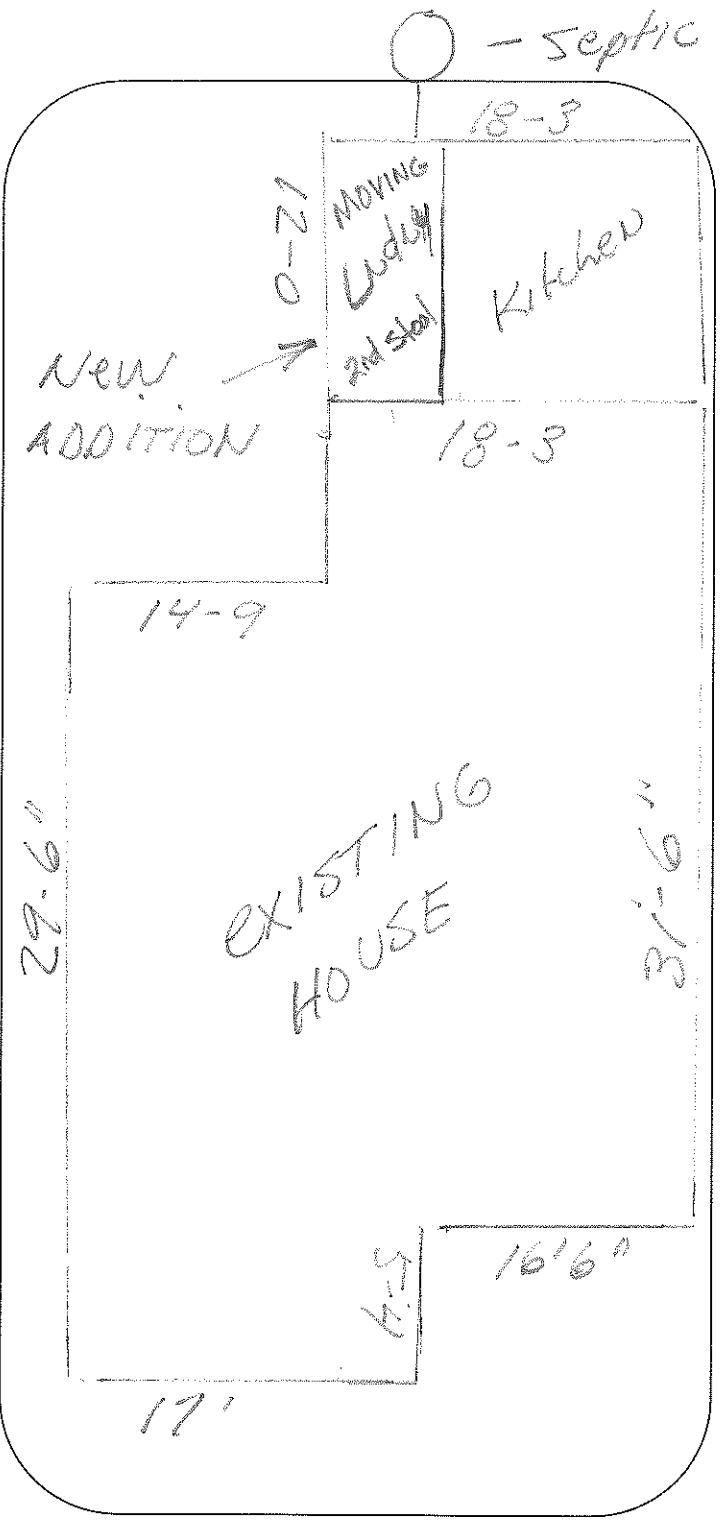
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

207

-



Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	200 Z 32 Feet	Setback from the Lake (ordinary high-water mark)	200-64 Feet
Setback from the Established Right-of-Way	200 Feet	Setback from the River Stream Creek	Z 32 Feet
Setback from the North Lot Line	514 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	550 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Z 50 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	815 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	8 Feet	Setback to Well	10 Feet
Setback to Drain Field	40 Feet		
Setback to Privy (Portable, Composting)	Feet		

1. **Introduction**
 2. **Background**
 3. **Methodology**
 4. **Results**
 5. **Discussion**
 6. **Conclusion**
 7. **References**
 8. **Appendix**
 9. **Figure 1**
 10. **Figure 2**
 11. **Figure 3**
 12. **Figure 4**
 13. **Figure 5**
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 217. **Figure 209**

marked by a licensed surveyor at the owner's expense.

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 11-1295		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: 17-0072		Permit Date: 7-25-17					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No		Mitigation Required Mitigation Attached	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Affidavit Required Affidavit Attached	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: NA		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: NA	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Project location as identified by owner appears to be Code Compliant. OK to issue LV Permit.		Date of Inspection: 7/14/2017		Inspected by: Robert Schirman		Zoning District (R1) Lakes Classification (2)	
Condition(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.) Must Contact local Uniform Dwelling Code (UDC) inspection agency and secure a UDC permit if project falls within the scope of UDC contract.		Signature of Inspector: [Signature]		Date of Approval: 7/17/20			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

own, City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – 11-129S
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0272** Issued To: **Joel & Elizabeth Kolling**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **24** Township **47** N. Range **9** W. Town of **Hughes**

S $\frac{1}{2}$ of

Gov't Lot **4** Lot Block Subdivision CSM#

For: **Residential Addition / Alteration: [1- Story; Kitchen/Laundry/ $\frac{1}{2}$ Bath (12' x 18') = 216 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Must contact local UDC inspection agency and secure a UDC permit if project falls within the scope of UDC contract.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman

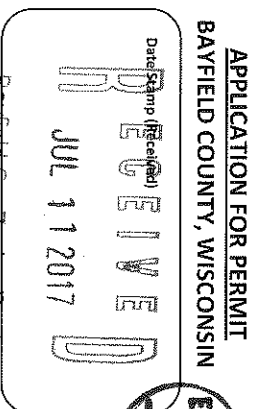
Authorized Issuing Official

July 25, 2017

Date

SUBMIT - COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 55
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	17-02882
Date:	7-26-17
Amount Paid:	75 7-11-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Gerald & Deborah Olsen</u>	Mailing Address: <u>67360W Crystal Lake, Iron River WI 54847</u>	City/State/Zip: <u>WI 54847</u>	Telephone: <u>(218) 373-0443</u>
Address of Property: <u>same</u>	Contractor Phone: <u>self</u>	Plumber: <u></u>	Plumber Phone: <u></u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Mike Fustak</u> (715) <u>309-4935</u>	Agent Phone: <u>6173 Iron Lake Rd, Iron River WI 54847</u>	Agent Mailing Address (include City/State/Zip): <u>6173 Iron Lake Rd, Iron River WI 54847</u>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>366.26 ± 1849.2</u>	Tax ID# (4-5 digits) <u>18492</u>	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: <u>1108</u> R. <u>6117</u>
Section <u>15</u> , Township <u>47</u> N, Range <u>9</u> W	Town of: <u>Hughes</u>	Lot Size	Acres <u>1.674 1.0</u>
<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes---continue →	Distance Structure is from Shoreline: <u>250+</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: <u>250+</u> feet	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<u>\$25,000</u>	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input checked="" type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>SI</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well <u>None</u>

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>40</u>	Width: <u>31</u>	Height: <u>14</u>
Proposed Construction:	Length: <u>40</u>	Width: <u>31</u>	Height: <u>14</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input checked="" type="checkbox"/> Accessory Building (specify) <u>port bldg</u> <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<u>40</u> X <u>31</u>) (<input type="checkbox"/> X <input type="checkbox"/>)	 <u>1240</u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> Other: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>)	
Prop'd for Issuance <u>JUL 24 2017</u>			
Secretarial Staff <input type="checkbox"/>			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date _____
(If there are Multiple Owners, all owners must sign, all owner(s) of authorization must accompany this application)
Authorized Agent: Michael J. Fustak Date 7-11-17
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 6173 Iron Lake Rd, Iron River, WI 54847 Attach
Copy of Tax Statement ✓

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attachment

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	110 Feet	Setback from the Lake (ordinary high-water mark)	280 Feet
Setback from the Established Right-of-Way	90 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	300 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line <u>Town Rd</u>	N/A Feet	Setback from Wetland	400 Feet
Setback from the West Lot Line	700 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	100 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	200 Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

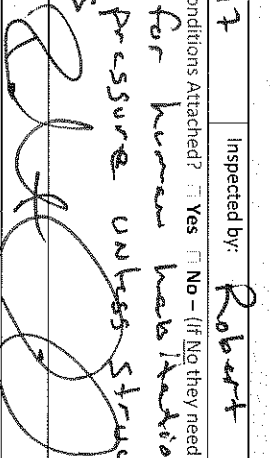
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>17-08882</u>	Permit Date: <u>7-26-17</u>			
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Deed of Record # <u>217715</u>	<input type="checkbox"/> No	
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: <u>N/A</u>	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <u>Project location as represented by owner appears</u>		Zoning District (R1)		
Code Compliance: <u>OK to issue LU Permit.</u>		Lakes Classification (2)		
Date of inspection: <u>7/14/2017</u>	Inspected by: <u>Robert Schirman</u>	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached.)				
<u>Not to be used for human habitation.</u>				
<u>No water under pressure unless structure is served by a code-compliant POUWS</u>				
Signature of Inspector: 		Date of Approval: <u>7/18/17</u>		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

N.P.L. T. 47N.-R.9W., TOWN OF HUGHES, BAYFIELD COUNTY, WI.
 D 1 1/4" IP

Wetland

W.P.L.

300'

400' +/-

700'±

OWNED BY NOBLE
 022104801000

S 40°26'59"E 423.78'

N

CERTIFICATE OF SURVEY

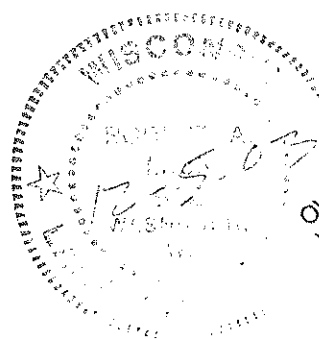
I, Robert A. Mick, Registered Land Surveyor in the State of Wisconsin, hereby certify

That on the order of William Warbalow, I have surveyed, divided and mapped a parcel of land being the southeast line of parcel # 022104606000, V. 658, P183, in the NE 1/4 of the SW 1/4 of Sec. 15, T. 47 N., R. 9 W., Town of Hughes, Bayfield County, Wisconsin

That I have fully complied with Chapter A-E 7 of the Wisconsin Administrative Code and the Bayfield County Subdivision Control Ordinance in Making the same, and

That said survey and map are correct to the best of my knowledge and belief

Robert A. Mick
 Robert A. Mick, L. S. 962



OWNED BY WARBALOW
 022104606000

WEST CRYSTAL LAKE RD

OWNED BY NOBLE

S 40°26'59"E 187.74'

250'±

FD 1 1/2" IP

OHWM

OWNED BY ROFFERS
 02210480200

S 49°47'05"W 410.01'



BEARING REFERENCED FROM PRIVIES SURVEYS.

FD 1 1/2" IP



LEGEND:

● = IRON PIPE OR ROD FOUND AS NOTED

CLIENT: WARBALOW
 FIELD BOOK: #434
 DISK: #103 "LARSON"

SUPERIOR SURVEYS, INC.
 78215 STATE HIGHWAY 13
 WILSON, WISCONSIN

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0282** Issued To: **Gerald & Deborah Olson / Mike Furtak, Agent**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **15** Township **47** N. Range **9** W. Town of **Hughes**

Part in

Gov't Lot **4** Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Pole Building (40' x 31') = 1,240 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Not to be used for human habitation. No water under pressure unless structure is served by a code compliant POWTS.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

July 26, 2017

Date

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
JUL 07 2017
Bayfield Co. Zoning Dept.

Permit #: 17-0029
Date: 7-26-17
Amount Paid: 90 7-7-17
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: DEAN A & MARJORIE CARPENTER 801 10th AVE SUPERIOR, WI 54880 Telephone:
Address of Property: 46500 MIEBETZ RD. City/State/Zip: Cell Phone:
Contractor: AARON GUSE, CONSTRUCTION 715 209 1094 PUMPER: BOB HANSEN 715-919-6131
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715 746 2284
Agent Mailing Address (include City/State/Zip): 715 746 2284
Pumper Phone: 715 746 2284
Written Authorization Attached ☐ Yes ☒ No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 369160 Tax ID# (4-5 digits)
1/4, 1/4 Gov't Lot 3 Lot(s) 10 2 CSM 1877 Vol & Page 1 Lot(s) No. 1 Block(s) No. Subdivision:
Section 23, Township 47 N, Range 9 W Town of: HUGHES Lot Size Acreage 532

☐ Shoreland ☒ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If Yes---continue --> Distance Structure is from Shoreline: feet
☒ Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue --> Distance Structure is from Shoreline: 80 feet
☐ Non-Shoreland

Is Property in Floodplain Zone? ☐ Yes ☒ No Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion * include donated time & material \$ 30K

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: ST	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: 34' Width: 24' Height:
Proposed Construction: Length: 17'-6" Width: 14' Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	(X)	
<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/>	(X)	
<input type="checkbox"/> with Loft	<input type="checkbox"/>	(X)	
<input type="checkbox"/> with a Porch	<input type="checkbox"/>	(X)	
<input type="checkbox"/> with (2 nd) Porch	<input type="checkbox"/>	(X)	
<input type="checkbox"/> with a Deck	<input type="checkbox"/>	(X)	
<input type="checkbox"/> with (2 nd) Deck	<input type="checkbox"/>	(X)	
<input type="checkbox"/> with Attached Garage	<input type="checkbox"/>	(X)	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	<input type="checkbox"/>	(X)	
<input type="checkbox"/> Mobile Home (manufactured date)	<input type="checkbox"/>	(X)	
<input checked="" type="checkbox"/> Addition/Alteration (specify) LIVING ROOM	<input type="checkbox"/>	(17'-6" X 14')	245
<input type="checkbox"/> Accessory Building (specify)	<input type="checkbox"/>	(X)	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/>	(X)	
<input type="checkbox"/> Rec'd for Issuance	<input type="checkbox"/>	(X)	
<input type="checkbox"/> Special Use: (explain)	<input type="checkbox"/>	(X)	
<input type="checkbox"/> Conditional Use: (explain)	<input type="checkbox"/>	(X)	
<input type="checkbox"/> Secretarial Staff	<input type="checkbox"/>	(X)	
<input type="checkbox"/> Other: (explain)	<input type="checkbox"/>	(X)	

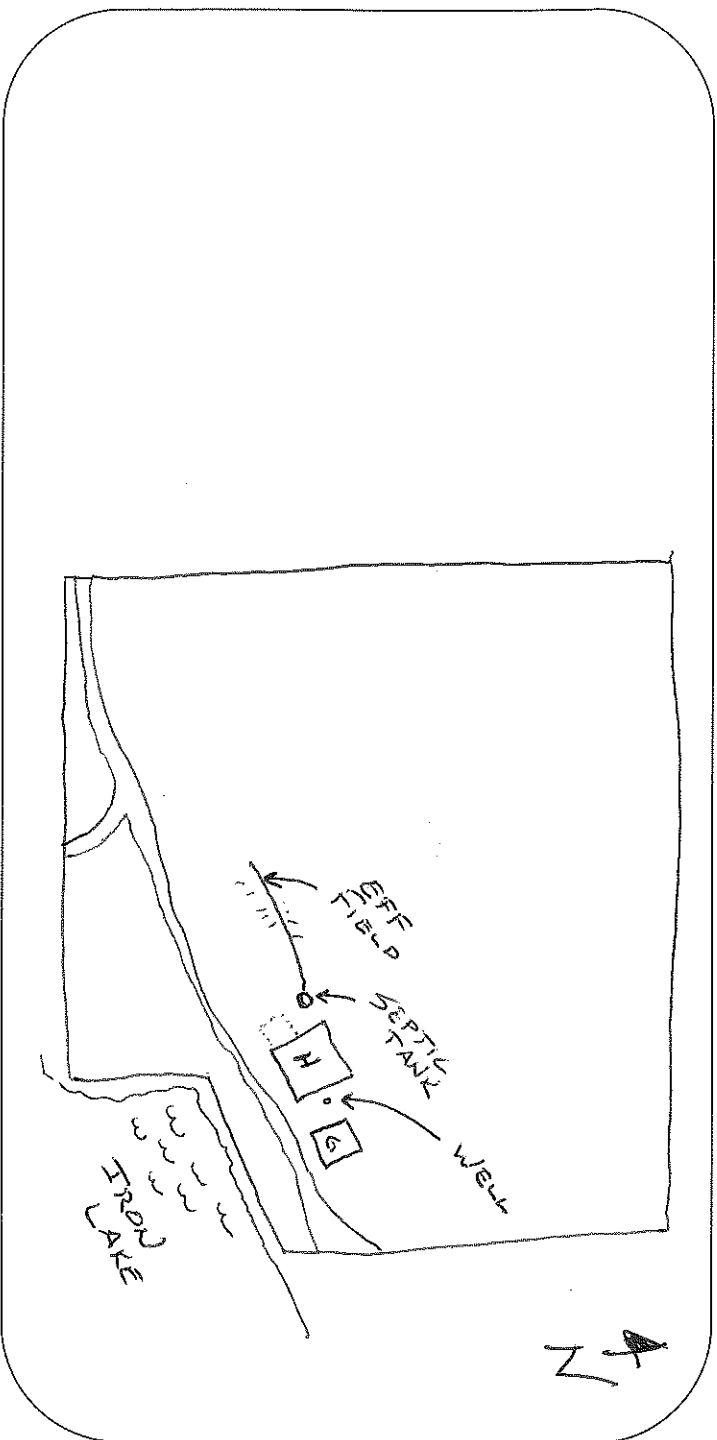
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Dean Carpenter Marjorie M. Carpenter Date 6-30-17
(If there are Multiple Owners listed on the Deed All Owners must sign (letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit _____
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	548 Feet	Setback from the Lake (ordinary high-water mark)	75 Feet
Setback from the Established Right-of-Way	515 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	285 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	130 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	380 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	75 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	New Feet	Setback to Well	40 Feet
Setback to Drain Field	New Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 17-565	# of bedrooms: _____	Sanitary Date: 7/6/2017
Permit Denied (Date): _____	Reason for Denial: _____		
Permit #: 17-0879	Permit Date: 7-26-17		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous lot(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: NA	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: NA
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Project Location as identified by owner's records. OK to issue LU permit.		Zoning District (ARB)	Lakes Classification (2)
Date of Inspection: 7/14/2017	Inspected by: Robert Schuman		Date of Re-Inspection: _____
Conditions(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.) Must Contact Local Uniform Dwelling Code (UDC) inspection agency and Secure UDC permit if project falls within the scope of UDC Contract.			
Signature of Inspector: [Signature]		Date of Approval: 7/17/2017	
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____

own, City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – 17-56S
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0279** Issued To: **Dean & Marjorie Carpenter**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **23** Township **47** N. Range **9** W. Town of **Hughes**

Gov't Lot Lot **1** Block Subdivision CSM# **1877**

For: **Residential Addition: [1- Story; Living Room (17.6' x 14') = 245 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must contact local UDC inspection agency and secure UDC permit if project falls within the scope of UDC contract.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

July 26, 2017

Date